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CONFIRMATION NO. 9623

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/752,899	12/29/2000 RULE	424	1611	MCP-0262

APPLICANTS

Frank J. Bunick, Randolph, NJ;
 Joseph Luber, Quakertown, PA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 02/22/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged		/LAKSHMI SARADA CHANNAVAJJALA/ Examiner's Signature	NJ	0	13	2
		Initials				

ADDRESS

Philip S. Johnson, Esq.
 Johnson & Johnson
 One Johnson & Johnson Plaza
 New Brunswick, NJ 08933-7003
 UNITED STATES

TITLE

Soft tablet containing dextrose monohydrate

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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